

Name  
in  
Full

Walter J. Benson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

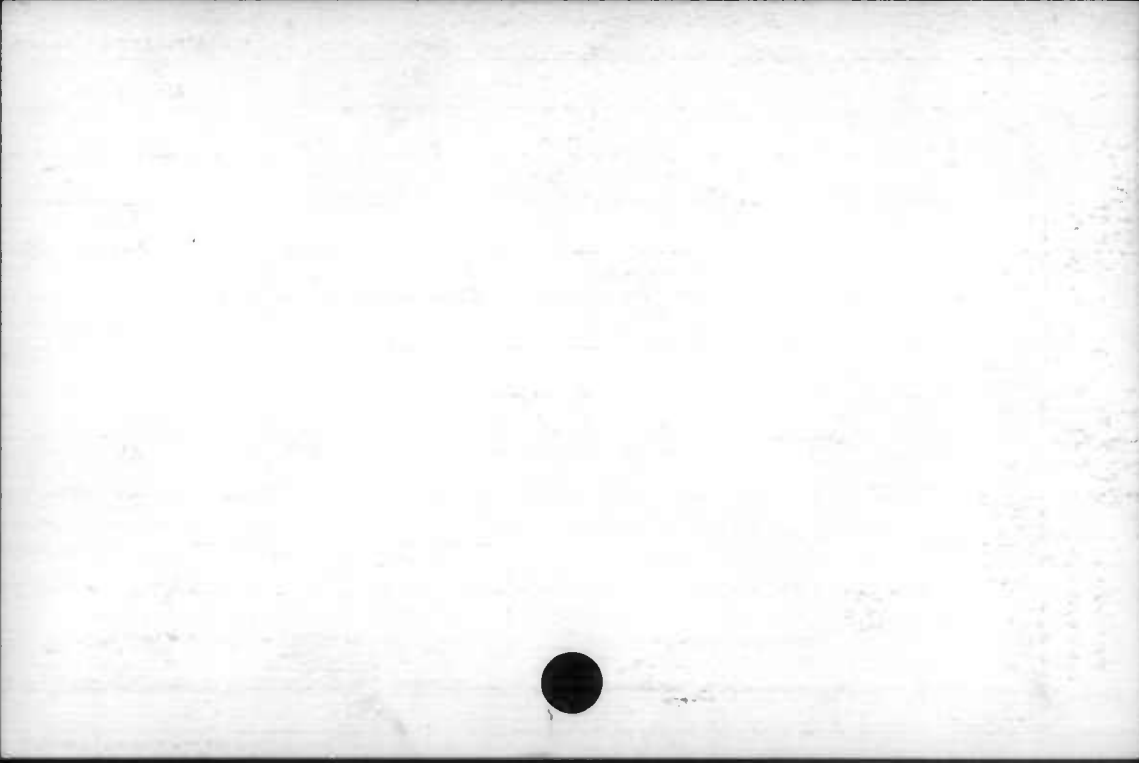
Died at		Town Easton		County Talbot		MARYLAND	
Date of death		190	9	Month	2	Day	8
Age		37	Years	8	Months	21	Days
Sex		Male		Color or Race		White	
Occupation		Farmer		Birth- place		Talbot Co	
				Where Residing if not et place of death		Easton.	
Married, Single or Widowed		Married		Name of Wife or Husband		Nannie Benson.	
Father's Name		S. H. Benson		Father's Birthplace		Talbot	
Mother's Maiden Name		Sallie A. Cooper		Mother's Birthplace		Talbot.	
Name of person giving Information		Perry C. Benson		How related to deceased		Brother	

## CAUSES OF DEATH

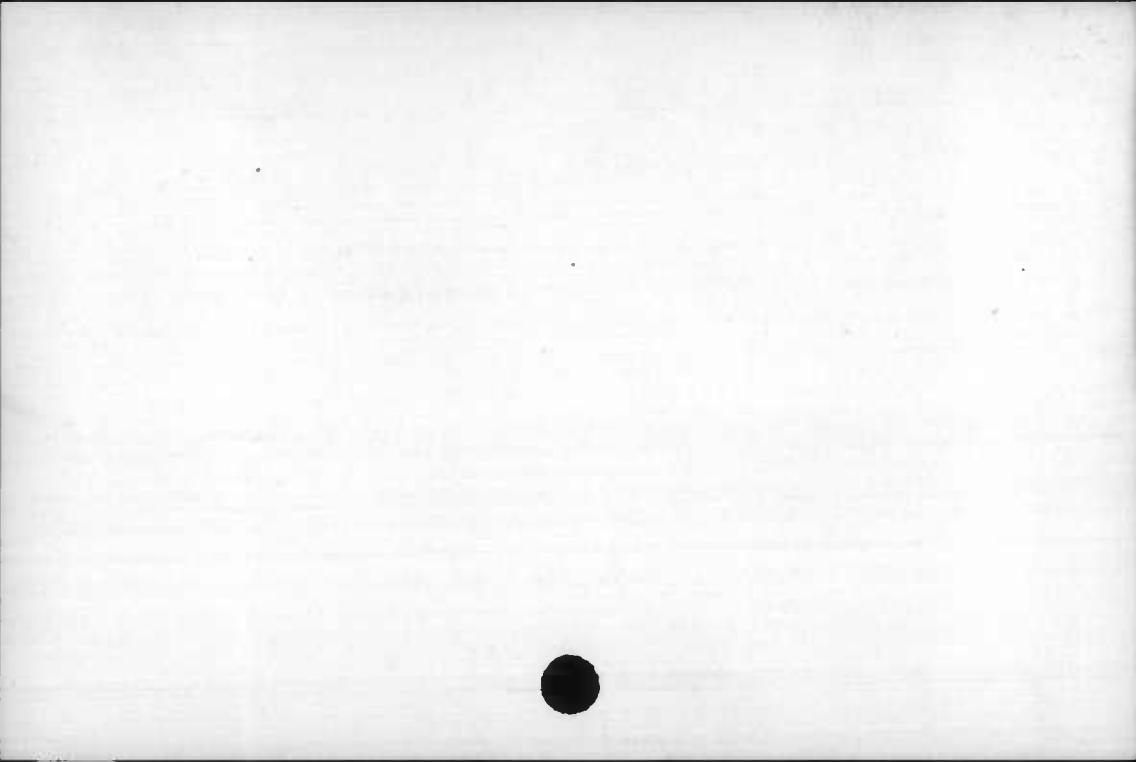
93

PHYSICIAN  
OR CORONER

Primary	Solar Pneumonia		How long	4 days
Immediate	Heart failure		How long	one minute
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Easton Md	
Accident or Suicide				



Name in Full		John H. Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tappan		County		Tallot Co.	
	Date of death	1909	Feb.	7	Age	Years	Months
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Albert Brown				Father's Birthplace	Tallot Co.
PHYSICIAN OR CORONER	Mother's Maiden Name	Martini Nixon				Mother's Birthplace	Tallot Co.
	Name of person giving information	Albert F. Brown				How related to deceased	Father
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CAUSES OF DEATH </div>						
PHYSICIAN OR CORONER	Primary	Whooping Cough				How long	3 wks.
	Immediate	Bronchopneumonia				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?				yes	Signature of Physician	
						Address	
						Tappan	
Accident or Suicide?		L					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Loffin* Town *Loffville* County *Talm* **MARYLAND**

Died at *Loffville*

Date of death 190 *9* Month *Feb* Day *4* Age *68* Years Months *X* Days *X*

Sex *male* Color or Race *Black* Birthplace *Talm Lo*

Occupation *Laborer* Where Residing if not at place of death *1*

Married, Single or Widowed *Married* Name of Wife or Husband *Adeline Loffin*

Father's Name *John Loffin* Father's Birthplace *Talm Lo*

Mother's Maiden Name *do not know* Mother's Birthplace *Unknown*

Name of person giving Information *Isaac Loffin* How related to deceased *son*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Heart disease* How long *over 2 yrs*

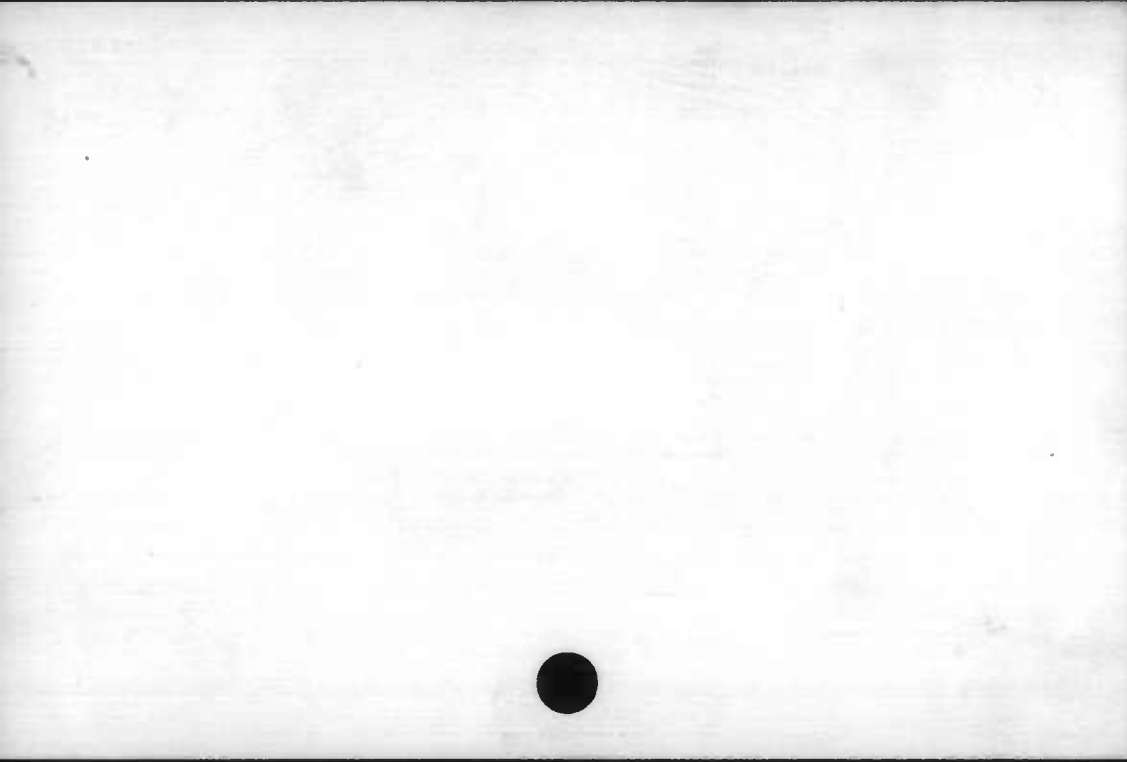
Immediate *Rupture of pulmonary vessel* How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. S. Wellson*

Address *Easton Md*

Accident or Suicide



Name  
in  
Full

Edward Bertie Cummings

## CERTIFICATE OF DEATH

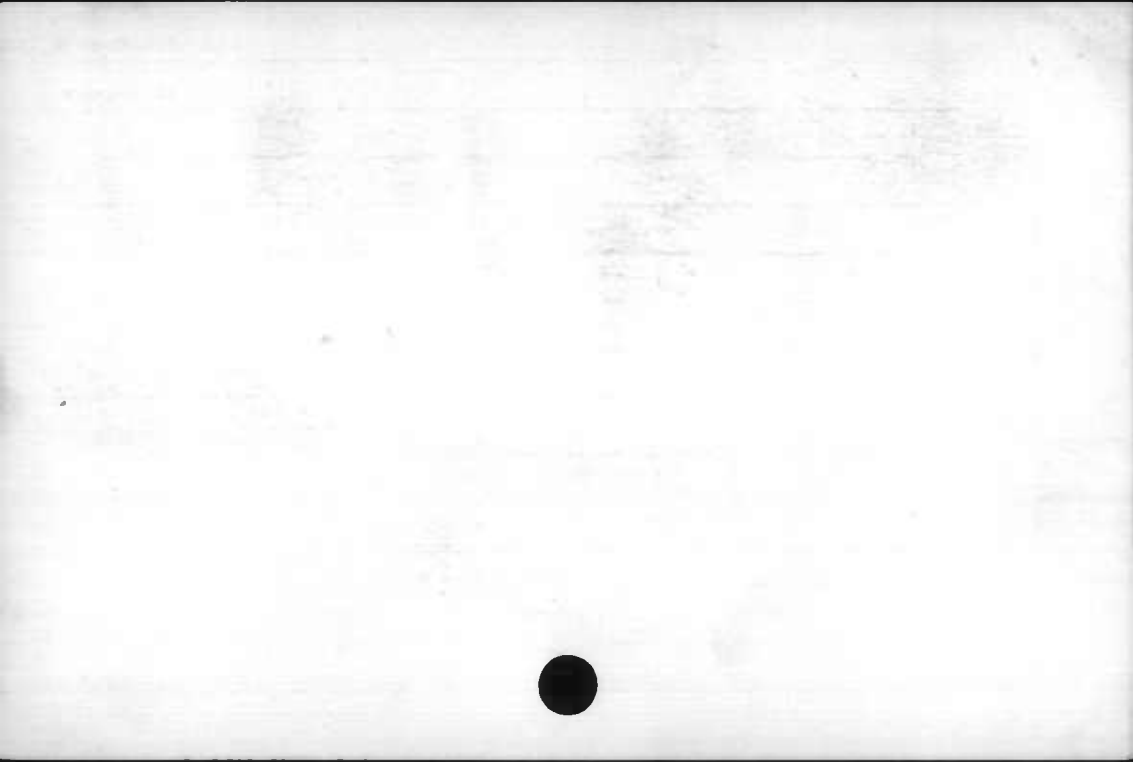
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tilghman</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i> <small>Month</small> <i>Feb.</i> <small>Day</small> <i>24</i> <small>Years</small> <i>21</i> <small>Months</small> <i>1</i> <small>Days</small> <i>2</i>		Age <i>21</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Tilghman</i>	
Occupation <i>None</i>		Residing if not at place of death <i>Tilghman Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Henry Clay Cummings</i>		Father's Birthplace <i>Tilghman Md</i>			
Mother's Maiden Name <i>Rachael Haddaway</i>		Mother's Birthplace <i>Tilghman</i>			
Name of person giving Information <i>Mrs. Mary E. Cooper</i>		How related to deceased <i>Adopted by her</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>2 yrs</i>
Immediate	<i>Nothnicia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Kennedy Wilson</i>	
		Address <i>Tilghman</i>	
Accident or Suicide <i>Saw him only</i>		<i>twice - before death. Md</i>	





Name  
in  
Full

Richard Dobson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

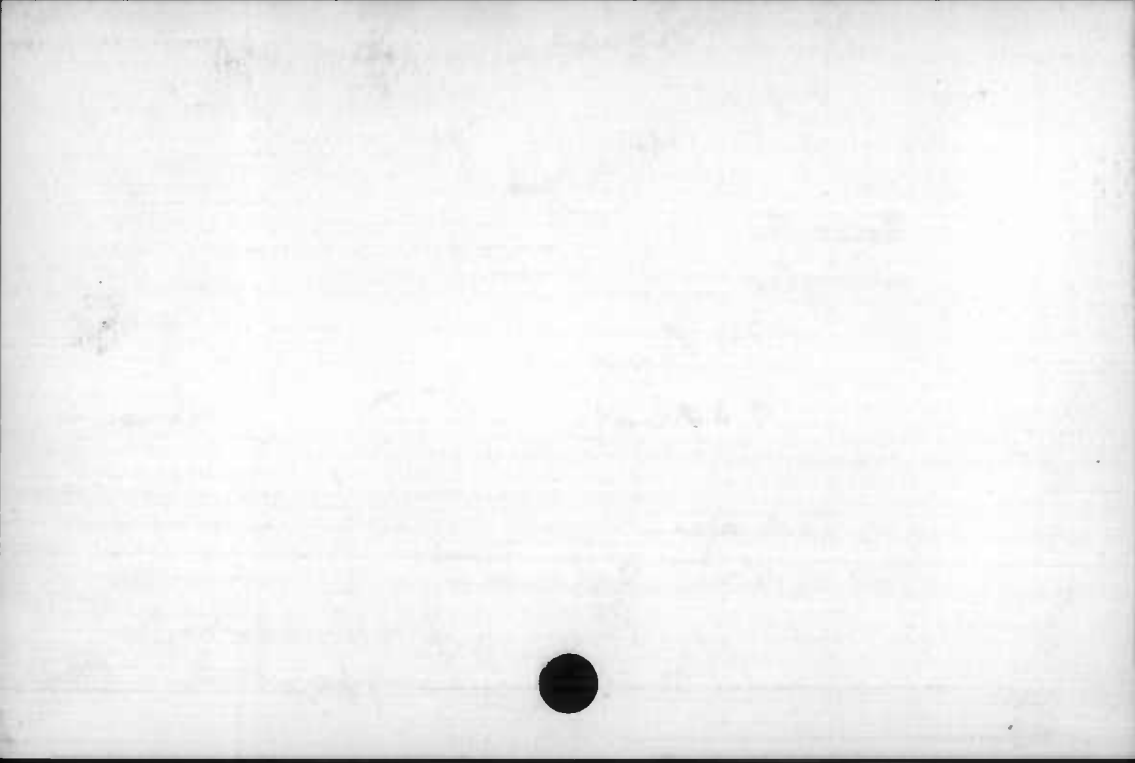
Died at <u>Curtis</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Feb	Day	12
Age	79	Years	79	Months	
Sex	male	Color or Race	colored	Birth-place	Talbot Co
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband		
Father's Name		not known		Father's Birthplace	
Mother's Maiden Name		not known		Mother's Birthplace	
Name of person giving information		Rachel Berry		How related to deceased	
				daughter	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Kidney disease	How long	2 years.
Immediate	Heart Failure	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		James B. Merritt 3rd MD	
		Address	
		Easton Md	
Accident or Suicide?			



Name  
in  
Full

David. Fararo

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near Grappe Town Salbot County MARYLAND

Date of death 1909 Month 2 Day 15 Age 92 Years Months Days

Sex Male Color or Race Negro Birth-place Unknown

Occupation Servant Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Don't know Father's Birthplace Unknown

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace Unknown

Name of person giving Information H. S. Henry How related to deceased None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Old age How long \_\_\_\_\_

Immediate Heart Exhaustion How long \_\_\_\_\_

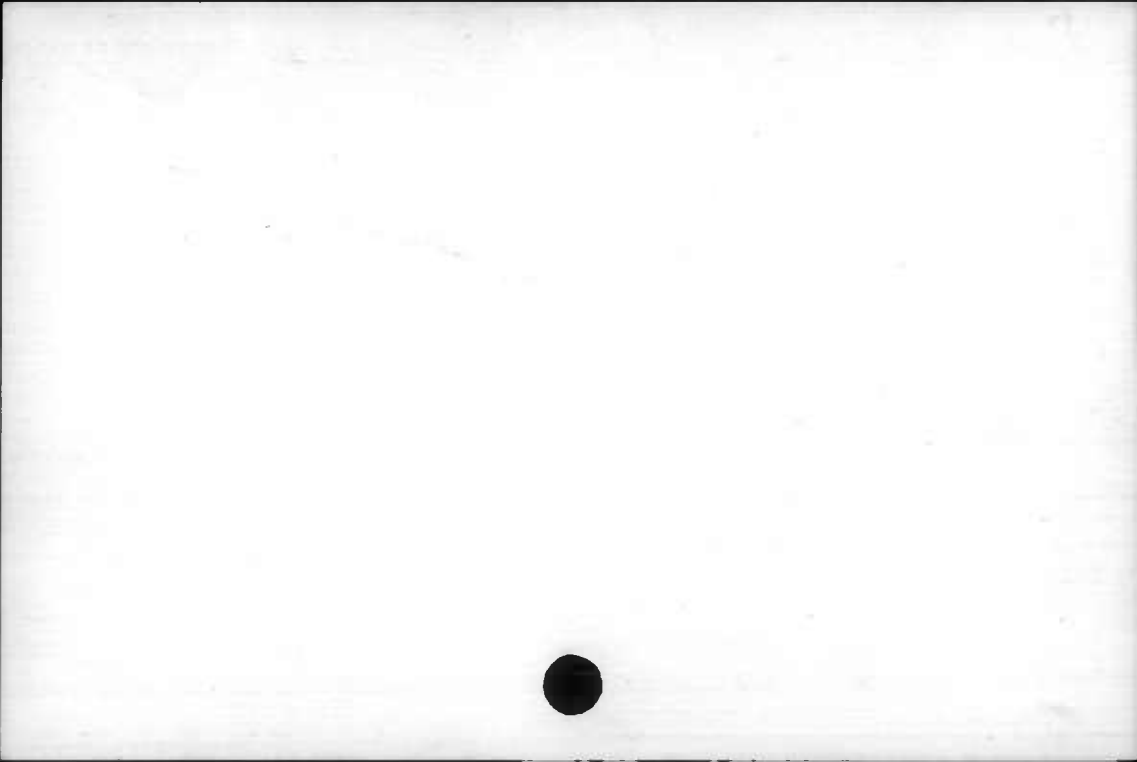
Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician Joseph A. Ross M.D.

Address Grappe, Md

Accident or Suicide

154



Name  
in  
FullSarah Frances Goldsboro  
Town St Michaels County Talbot

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1909 Feb 18 Age 56 Months Days

Sex Female Color or Race Black Birth-place Talbot Co

Occupation House work Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Levin Solomon Goldsboro

Father's Name Alan Manotkey Father's Birthplace Talbot Co.

Mother's Maiden Name Annie Horne Mother's Birthplace Talbot Co

Name of person giving Information Solomon Goldsboro How related to deceased Husband

## CAUSES OF DEATH

79

Primary Mitral Regurgitation and Aortic Stenosis How long About 2 months

Immediate Cardiac Failure How long

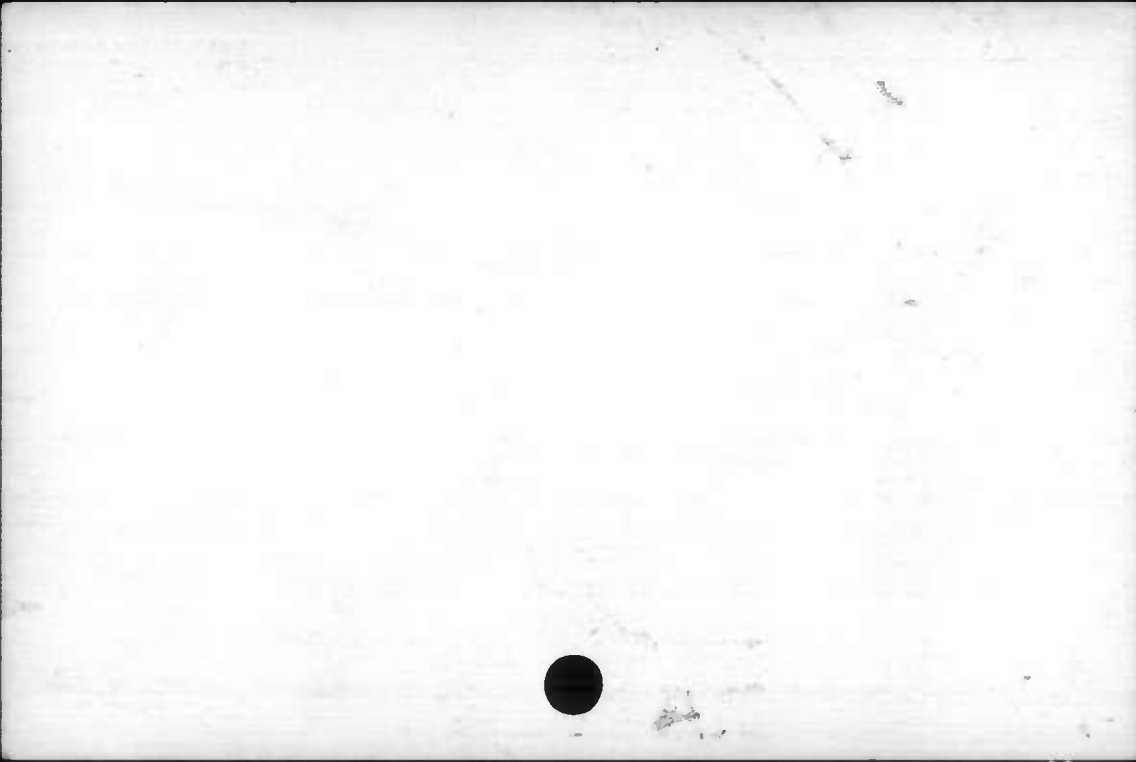
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide No.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel Hayman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> East-Bonfield		<sup>County</sup> Talbot		MARYLAND	
Date of death	1909	Month	2	Day	28
Age		Years	20	Months	8
Sex		Male	Color or Race	Black	Birth-place
Occupation		Laborer		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Louis Wells		Father's Birthplace	
Mother's Maiden Name		Susan Hayman		Mother's Birthplace	
Name of person giving In formation		Isiah Brooks		How related to deceased	

166

## CAUSES OF DEATH

Primary

Clot in the Brain

How long

Two months

Immediate

Heart Failure

How long

30 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

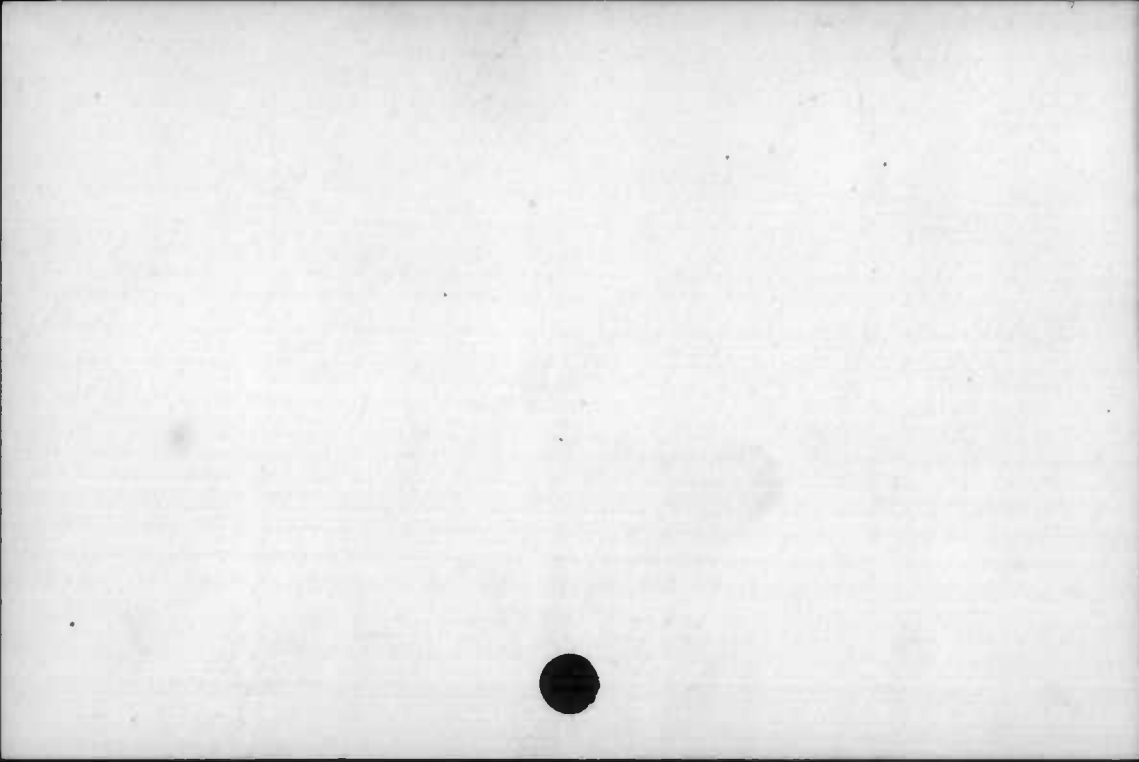
S. P. Roberts

Address

Oxford Md.

Accident or Suicide?

Accident.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lilyman</i> Town		<i>Harvey</i> County		MARYLAND	
Date of death 1909	Month <i>Feb.</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Lilyman</i>		Days <i>1</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Huaband <i>—</i>				
Father's Name <i>John Harvey</i>	Father's Birthplace <i>Somerset Ct Md</i>				
Mother's Maiden Name <i>Minnie Burton</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>John Harvey</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth (7 mos)</i>	How long <i>—</i>
Immediate <i>Atelectasis</i>	How long <i>—</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. K. Wilson</i>
	Address <i>Lilyman Md</i>
Accident or Suicide	



Name  
in  
Full

Ketta Horton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cordova</i> Town		<i>Yallow</i> County		MARYLAND	
Date of death	1909	Month	2	Day	12
Age		99		Months	5
Sex	<i>Female</i>		Color or Race	<i>Negro</i>	
Birth-place	<i>Kent Island</i>				
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Cordova</i>		
Married, Single or Widowed	<i>Widow</i>		Name of Husband	<i>Richard Horton</i>	
Father's Name	<i>Arthur Jeffries</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Hettie</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Wm. Horton</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Was not seen by any Physician</i>		How long	<i>How long</i>
Immediate	<i>after death - Presumably Old age</i>		How long	<i>How long</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>E. M. Stille M.D.</i>
			Address	<i>Cordova</i>
				<i>Ind.</i>
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mania Carroll Johnston</i>		Town <i>Easton</i>		County <i>Talbot</i>		State <i>MARYLAND</i>	
Died at <i>Easton</i>		Date of death <i>1909 July 9</i>		Age <i>33</i>		Months <i></i> Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Easton</i>			
Occupation <i>Lady</i>		Where Residing if not at place of death <i>Easton Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Francis H Johnston</i>		Father's Birthplace <i>Belfast Ireland</i>					
Mother's Maiden Name <i>Anna E Goldborough</i>		Mother's Birthplace <i>Easton Md</i>					
Name of person giving Information <i>M J Johnston</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

51

PHYSICIAN  
OR CORONER

Primary <i>Exophthalmic goitre - Endocarditis - Tachycardia</i>		How long <i>8 yrs</i>	
Immediate <i>Exhaustion - overaction of the Heart</i>		How long <i>1 month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas F Dandon</i>	
		Address <i>Easton, Md.</i>	
Accident or Suicide <i></i>			

Friday 12 noon  
Christ Church

Name  
in  
Full

Chas. W. Lawrence

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hopkins Creek</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb.</i>	Day <i>15</i>	Age	Months <i>4</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Belle Md.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Huaband			
Father's Name <i>Chas. W. Lawrence</i>			Father's Birthplace <i>Talbot Co Md.</i>		
Mother's Maiden Name <i>Lydia F. Oliver</i>			Mother's Birthplace <i>Talbot Co Md.</i>		
Name of person giving Information <i>Chas. W. Lawrence</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Mearns, Sub-Reg</i>
	Address <i>Royal Oak Md.</i>
Accident or Suicide <i>—</i>	





Name  
in  
Full

Careno Murray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deep neck</i>		Town <i>Talbot</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>28<sup>th</sup></i>	Age	Years	Months <i>9</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Talbot co Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John. Thomas.</i>			Father's Birthplace <i>Talbot co Md</i>				
Mother's Maiden Name <i>Eliza Murray</i>			Mother's Birthplace <i>Talbot co Md</i>				
Name of person giving Information <i>Eliza Murray</i>			How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>12 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. H. Alvares Sub. Reg.</i>
<i>Yes</i>	Address <i>Royal Oak Md.</i>
Accident or Suicide	



Name  
in  
Full

Infant

Murray.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

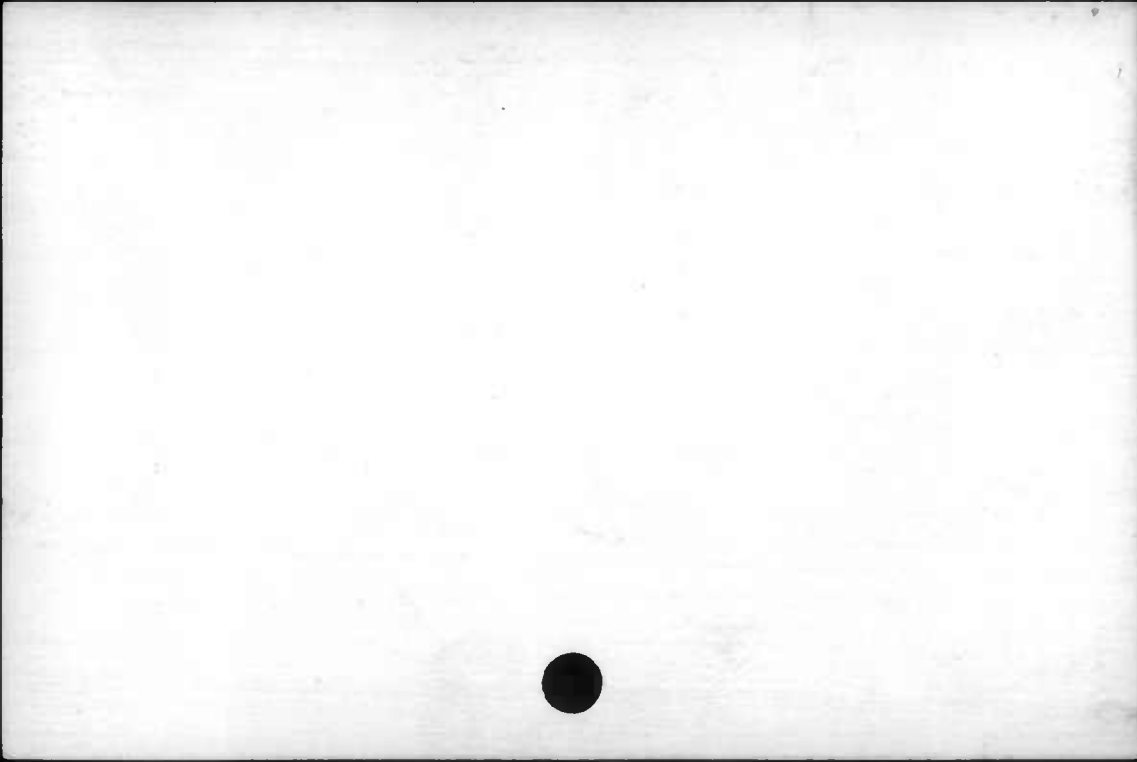
Died at <i>Royal Oak</i>		Town <i>Royal Oak</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb.</i>	Day <i>10</i>	Age <i>-</i>	Years <i>-</i>	Months <i>5</i>	Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Deep neck</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Don't know</i>		Father's Birthplace					
Mother's Maiden Name <i>Emma Murray</i>		Mother's Birthplace <i>Talbot Co Deep neck</i>					
Name of person giving Information <i>Emma Murray</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>2 weeks</i>
Immediate <i>Aschemic</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Daniel C. Trippe</i>
<i>Yes</i>	Address <i>Royal Oak, Md</i>
Accident or Suicide	



Name  
in  
Full

Lohar &amp; Ockiny

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at unborn

Tall

Date

of death 1909

Month

Feb

Day

26

Years

11

Age

Months

2

Days

1

Sex

Male

Color or  
Race

Caucas

Birth-  
place

Tall

Occupation

None

Where Residing if not  
at place of death

Place of death

Married, Single  
or WidowedName of Wife or  
Husband

None

Father's  
Name

Jacob Ockiny

Father's  
Birthplace

Tall

Mother's  
Maiden Name

Lohar &amp; Ockiny

Mother's  
Birthplace

Tall

Name of person giving  
Information

Jacob Ockiny

How related  
to deceased

father

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Two months

Immediate

General Anesthesia

How long

Two weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

R. L. Trueman

Address

Easton, Md

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

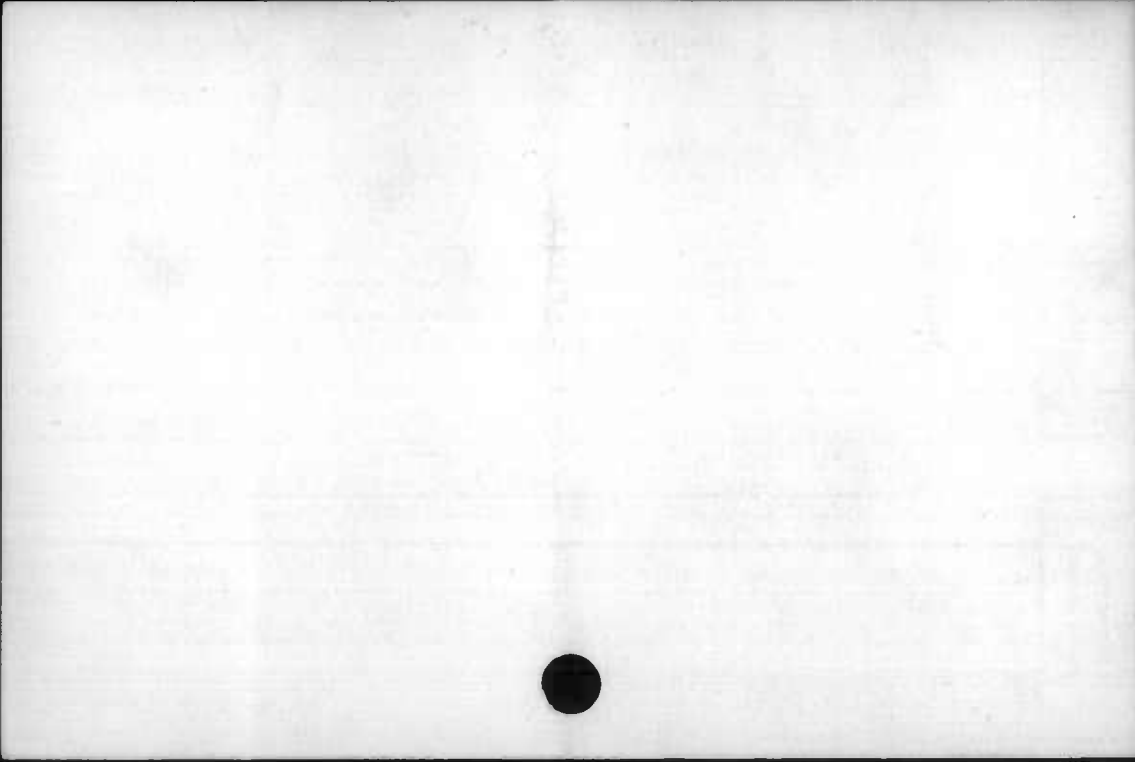
Died at <i>Tilghman</i> <sup>Town</sup> <i>Sal. Balt</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Feb
	Day	16	Age
	Years	74	Months
		7	Days
		10	
Sex	Male	Color or Race	White
Birth-place	Queen Ann Co		
Occupation	Farmer	Where Residing if not at place of death	Tilghman Ind
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Elizabeth Rimmer
Father's Name	James Rimmer	Father's Birthplace	Queen Ann Co
Mother's Maiden Name	Mary Bryer	Mother's Birthplace	Queen Ann Co
Name of person giving information	Orwin G. Rimmer	How related to deceased	Son Co

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paresis	How long	03 yrs
Immediate	Apoplexy	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. Kennedy Wilson
		Address	Tilghman Ind
Accident or Suicide?	No		





Name  
in  
Full

## CERTIFICATE OF DEATH

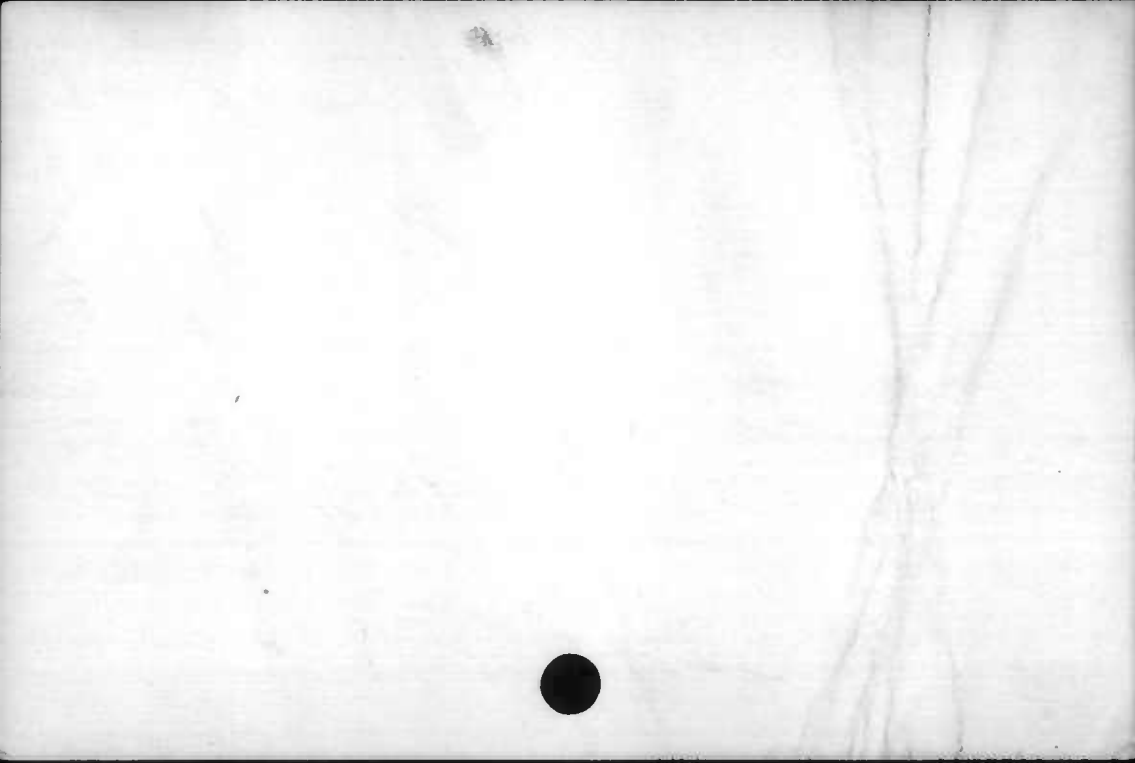
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Helen M. Roberts</i>		Town <i>McDaniel</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>McDaniel</i>							
Date of death 190 <i>9</i> Feb <i>9</i>		Month <i>9</i>		Day <i>9</i>		Years <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Talbot Co.</i>		Mentis <i>4</i>	
Occupation <i>School Girl</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Isaac Roberts</i>		Father's Birthplace <i>Talbot Co.</i>					
Mother's Maiden Name <i>Eliza Bailey</i>		Mother's Birthplace <i>Talbot Co.</i>					
Name of person giving Information <i>Isaac Roberts</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>Two Days</i>
Immediate	<i>Cardiac failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. J. M. D.</i>	
Accident or Suicide <i>No</i>		Address <i>...</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charlotte Sherwood</i>		Town <i>Neer Easton Md</i>		County <i>Talbot</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>15</i>		Years <i>68</i>	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>15</i>		Age <i>68</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Talbot Co</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Huaband <i>Saunne Sherwood (dead)</i>					
Father's Name <i>William Cornish</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Msiden Name <i>Don't know</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Wm Cornish</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary	<i>Obstruction of bowels</i>	How long <i>5 days</i>
Immediate	<i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. O. Millson</i>
		Address <i>Easton Md.</i>
Accident or Suicide		

Dr. D. E. Mearns

Wednesday 11 am, Munich.

---

Name  
in  
Full

Colonna W. Slaughter.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Easton Town Galbert County MARYLAND

Date of death 1909 Month 2 Day 4 Age 69 Years Months Days

Sex Male Color or Race White Birth-place Delaware

Occupation Farmer Where Residing if not at place of death Easton

Married, Single or Widowed Married Name of Wife or Husband Don't Know

Father's Name Andrew Slaughter Father's Birthplace Delaware

Mother's Maiden Name Elizabeth Price Mother's Birthplace Delaware

Name of person giving Information Mrs. J. S. George How related to deceased Son

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

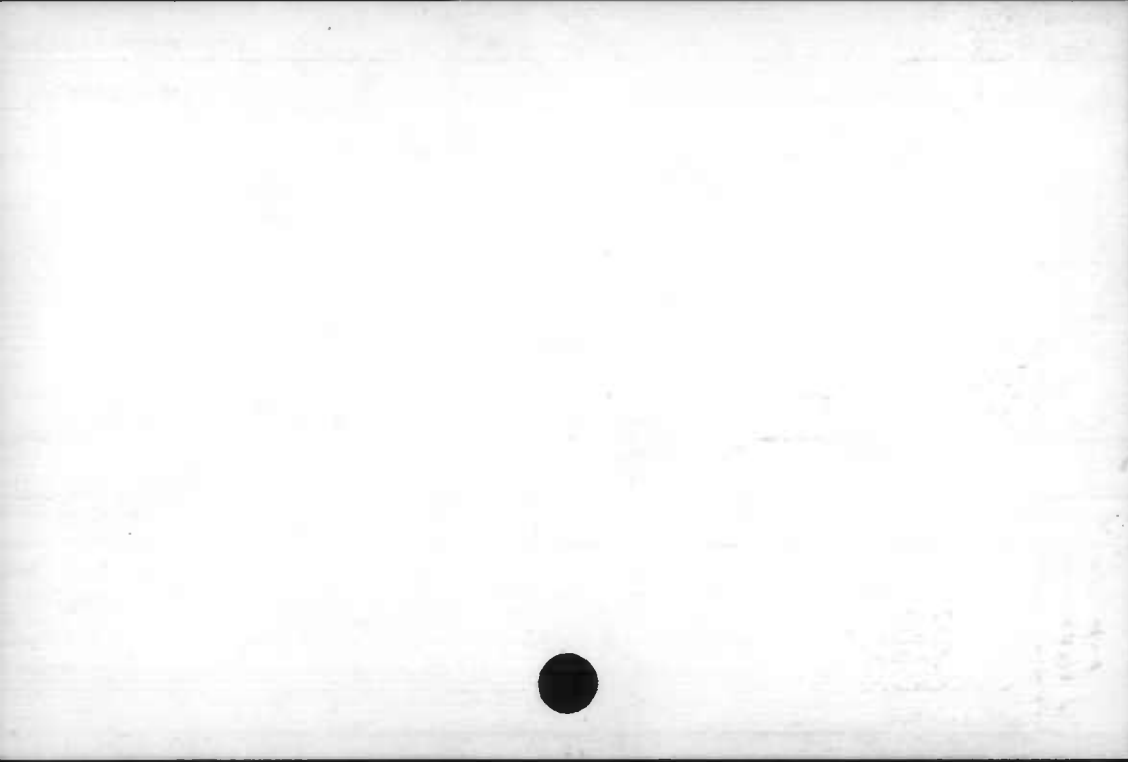
Primary Cerebral tumor How long 3 yrs

Immediate Pressure How long 3 wks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. F. Davidson

J. S. George Address Easton, Md.

Assessment Suicide



Name  
in  
Full

Clarence Marion Kemp. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

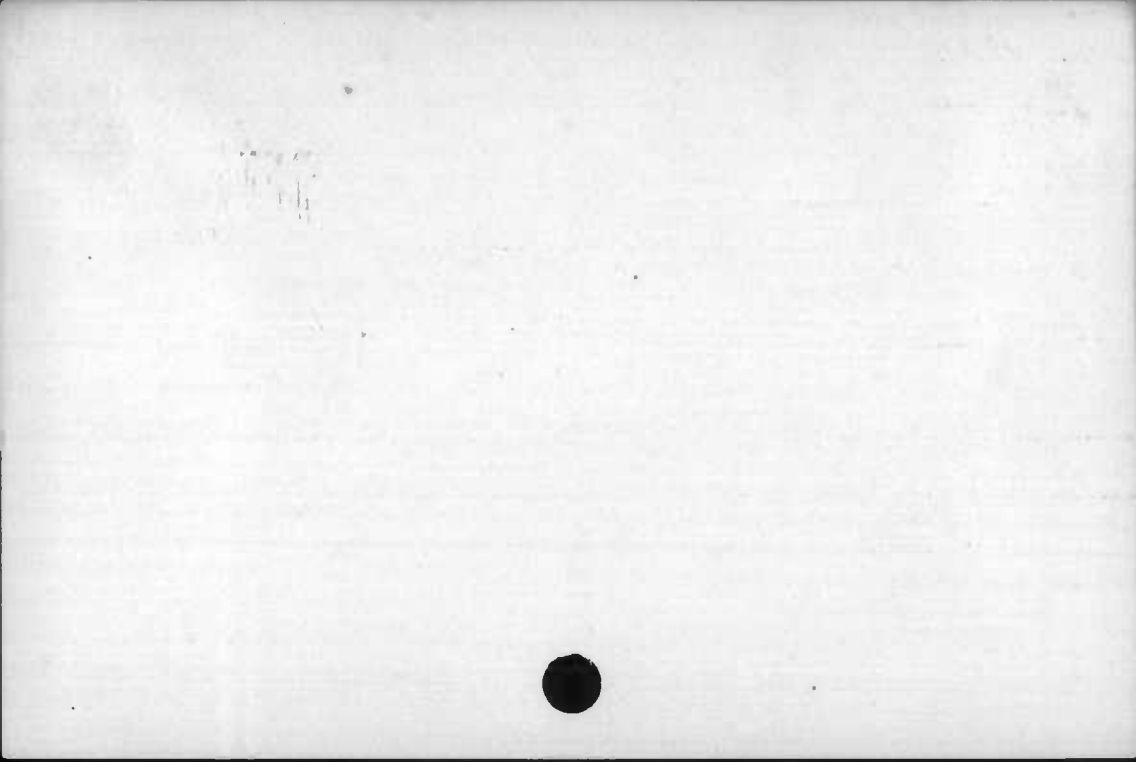
Died at <i>Mathews</i> Town		<i>70</i> County			
Date of death	1909	Month	<i>Feb</i>	Day	<i>19</i>
Age	<i>60</i>	Years		Months	<i>00</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Mathews</i>
Occupation	<i>none</i>	Where Residing if not at place of death <i>Mathews</i>			
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>Hyde M Smith</i>			Father's Birthplace	<i>Caroline Co</i>
Mother's Maiden Name	<i>Bertie Downes</i>			Mother's Birthplace	<i>Queen Anne Co</i>
Name of person giving information	<i>Bertie Downes</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	<i>Primature Birth (mother had Whooping Cough)</i>	How long	<i>19 days</i>
Immediate	<i>Exhaustion (Some witnesses thought Chilly had Whooping Cough)</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. M. Stette M. D.</i>	
<i>J</i>		Address <i>Carolina Md</i>	
Accident or Suicide?			





Name  
in  
Full

Rosetta Agnes Spray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

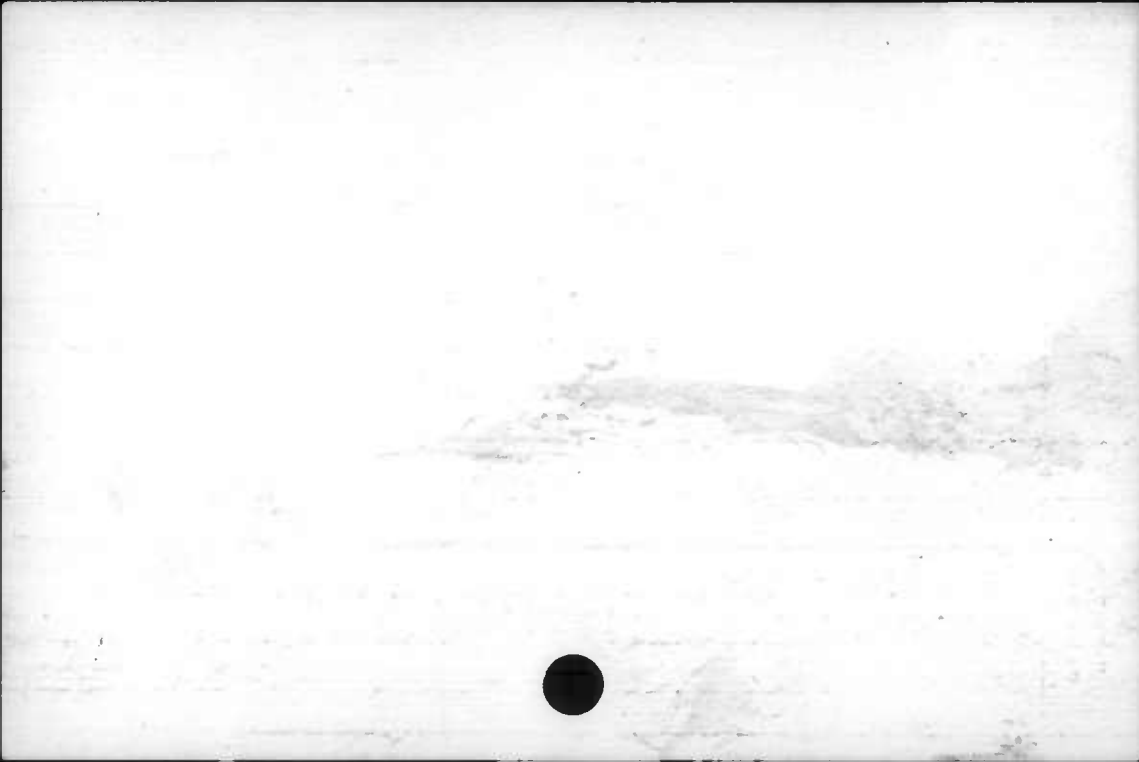
Died at <i>Chappel</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	July	Day	26 <sup>th</sup>
Age	60	Years	-	Months	Nov
Sex	Female	Color or Race	White	Birth-place	England
Occupation	House Wife	Where Residing if not at place of death	Chappel		
Married, Single or Widowed	Married	Name of Wife or Husband	R. C. Spray		
Father's Name	William Andrews			Father's Birthplace	England
Mother's Maiden Name	Rosetta Agnes Andrews			Mother's Birthplace	England
Name of person giving Information	R. C. Spray			How related to deceased	Husband

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Do not know</i>
Immediate	<i>Diphtheria</i>	How long	<i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. C. Stevens</i>
		Address	<i>Easton</i>
Accident or Suicide	<i>no</i>		<i>Med.</i>



Name  
in  
Full

Blanch L. Spruace

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

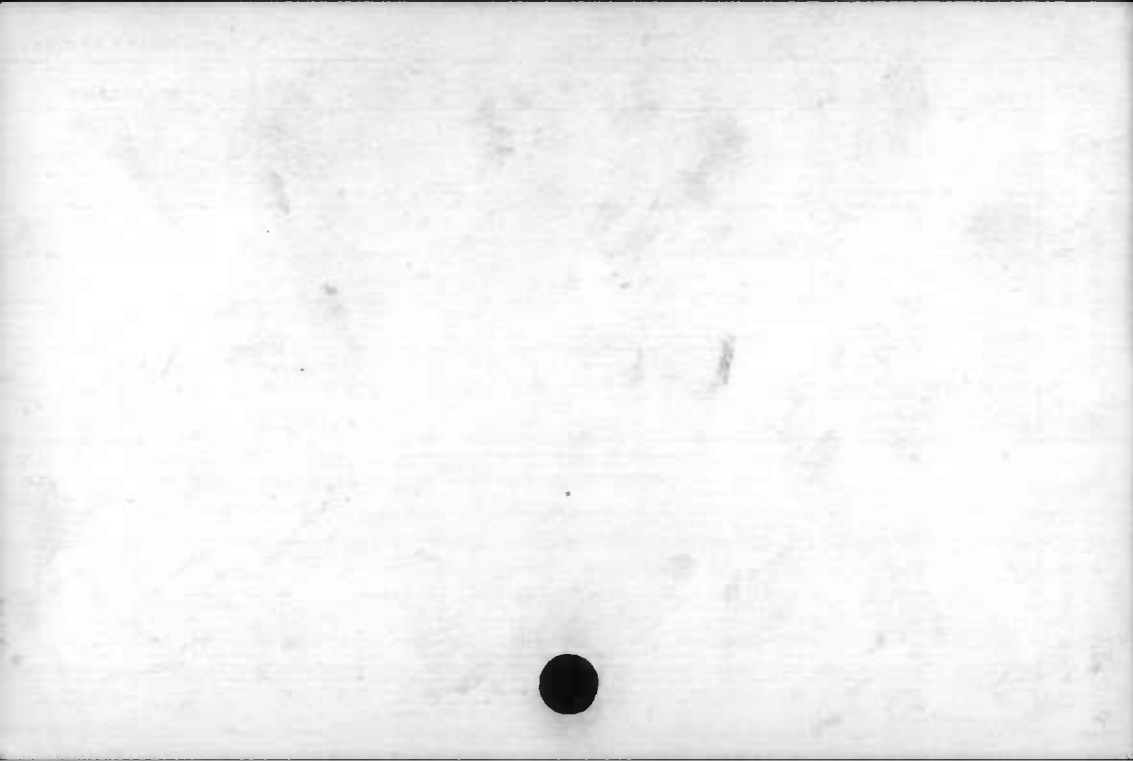
Died at		Town Easton		County Talbot		MARYLAND	
Date of death		Month Feb	Day 24	Year 1909	Age 14	Months Summer	Days —
Sex Female		Color or Race Colord		Birth-place Easton			
Occupation a scholar				Where Reeding if not at place of death west at 216			
Married, Single or Widowed single		Name of Wife or Husband <del>Edith Spruace</del>					
Father's Name Alfred Spruace		Father's Birthplace Easton					
Mother's Maiden Name Agnes Reed		Mother's Birthplace Easton					
Name of person giving Information Alfred Spruace		How related to deceased Father					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	One year
Immediate	Hemorrhage	How long	One day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. A. Stevens	
Address		Easton	
Accident or Suicide		no	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Mary E. Thomas  
St Michaels Talbot

MARYLAND

Date  
of death

1909 Feb.

Day

25

Age

Years

23

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Talbot Co.

Occupation

Cook

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

~~~~~

Father's  
Name

Wilson Thomas

Father's  
Birthplace

Talbot Co.

Mother's  
Maiden Name

Mary E. Thomas

Mother's  
Birthplace

Talbot Co.

Name of person giving  
Information

Wilson Thomas

How related  
to deceased

Brother

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

One week

Immediate

Respiratory failure

How long

~~~~~

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. H. Michaels

Address

St. Michaels  
Md.

Accident or Suicide

No



Name  
in  
Full

Infant Whittington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sherwood		County Talbot		MARYLAND	
Date of death		1909	Month Feb	Day 22	Age —	Months —	Days 2
Sex Female		Color or Race Black		Birthplace Sherwood Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Henry Whittington		Father's Birthplace Marion Station					
Mother's Maiden Name Sarah Johnson		Mother's Birthplace Marion Station					
Name of person giving Information Isabel Johnson		How related to deceased Girl's father					

## CAUSES OF DEATH

131

PHYSICIAN  
OR CORONER

Primary	—	How long	—
Immediate	Asphyxia	How long	—
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S. K. Wilson	
		Address Dyersman Md	
Accident or Suicide Child illegitimate - Mother aged 15 yrs - 6 mos			





Name  
in  
Full

## CERTIFICATE OF DEATH

Sarah H. Wyatt

Town

County

Died at

Easton

Tallbot

MARYLAND

Date

of death 1909

Month

2

Day

7

Years

Age 52

Months

11

Days

7

Sex

Female

Color or  
Race

white

Birth-  
place

Tallbot Co.

Occupation

Housewife

Where Residing if not  
at place of death

St. Michaels

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John H. Wyatt

Father's  
Name

J. H. Henry

Father's  
Birthplace

Dorchester

Mother's  
Maiden Name

Ann R. Griffin

Mother's  
Birthplace

" " "

Name of person giving  
Information

Waring S. Herman

How related  
to deceased

Daughter

## CAUSES OF DEATH

108

Primary

Strangulated Umbilical Hernia - Peritonitis

How long

not known

Immediate

Hemorrhage from bowel

How long

12 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

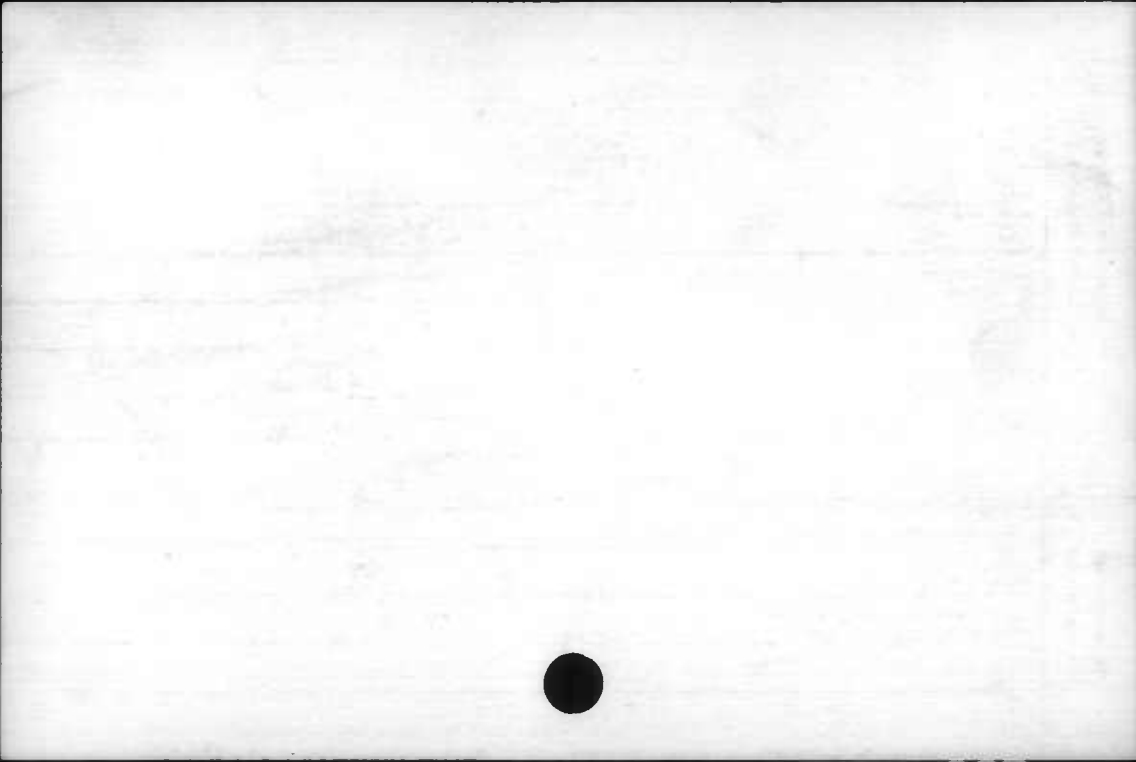
Chas. H. Davidson

Address

Easton, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Einer Young

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hillsboro		<sup>County</sup> Talbot		MARYLAND	
Date of death 1909	Month 2 <sup>nd</sup>	Day 1 <sup>st</sup>	Age 18 <sup>yr</sup>	Months —	Days —
Sex Male	Color or Race Black	Birth-place Caroline Co.			
Occupation None	Where Residing if not at place of death		—		
Married, Single or Widowed Single	Name of Wife or Husband None				
Father's Name Luther Young	Father's Birthplace D. C. Co.				
Mother's Maiden Name Lavinia Brown	Mother's Birthplace D. C. Co.				
Name of person giving Information William Young	How related to deceased Brother				

## CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary Epilepsy	How long Since childhood
Immediate Ex. Infection	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. W. B. Rowe, M.D.
Accident or Suicide No	Address Hillsboro, Md.

